

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1						61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
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46													
47													
48													
49													
50													
TOTAL NO.	1						TOTAL NO.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL	6						TOTAL						